| Y903 318A 11AVA 1233  |                       |   |                     |  |       |                      |                 |  |
|---|-----------------------|---|---------------------|--|-------|----------------------|-----------------|--|
| PATENT ADDI ICATION PER DEPENDING ATION   |                       |   |                     | Application or Docket Number                     |       |                      |                 |  |
| PATENT APPLICATION FEE DETERMINATION RECOF<br>Effective October 1, 2000   |                       |   | RD //0//0000        |  |       |                      |                 |  |
| CLAIMS AS FILED - PART I  |                       |   |                     |  |       |                      |                 |  |
| . CLAIMS A  | SMALL                 | ENTITY                                  |                     | OTHER  | THAN  |                      |                 |  |
| TOTAL CLAIMS  | (Column 1)            | (Column 2)                              | TYPE                |  | OR    | SMALL                | ENTITY          |  |
| FOR   | · NUMBER FILED        | NUMBER EXTRA                            | RATE                | -  | 4     | RATE                 | FEE             |  |
| TOTAL CHARGEABLE CLAIMS   | 164                   | · 161                                   | BASIC FI            |  | OR    | BASIC FEE            | 710.00          |  |
| INDEPENDENT CLAIMS  | 8                     |   | X\$ 9=              | <u> </u>   | ОЯ    | X\$18=               |                 |  |
| INDEPENDENT CLAIMS   minus 3 = S  |                       |   | X40=                | 320  | OR    | X80=                 |                 |  |
|   |                       |   | +135=               | . [  | OR    | +270=                |                 |  |
| * If the difference in column 1 is:   | less than zero, enter | "0" in column 2                         | TOTAL               |  | OR    | TOTAL                |                 |  |
| · ヘ.ヘルル · · ·   | MENDED - PAR          |   |                     |  |       | OTHER                | THAN            |  |
| (Column 1)  | (Colum                | (00.0////////////////////////////////// | SMALL               | ENTITY   | OR    | SMALL                | ENTITY          |  |
| REMAINING AFTER AMENDMENT   | NUME<br>PREVIO        | DUSLY EXTRA                             | RATE                | ADDI-<br>TIONAL                                  |       | RATE                 | ADDI-<br>TIONAL |  |
| Total • X   | Minus AiD             | ) <u> </u>                              | Yas                 | FEE,   |       |                      | FEE             |  |
| AFTER AMENDMENT Total Independent   | Minus ••• 🗙           |   | X\$ 9=              | <del>                                     </del> | OR    | X\$18=               | /               |  |
| FIRST PRESENTATION OF MU  | ILTIPLE DEPENDENT     | CLAIM []                                | X40=                | 1/_  | OR    | X80=/                |                 |  |
|   |                       | . 7                                     | +135=               |  | OR    | +270=                |                 |  |
| 118-01  |                       |   | TOTAL<br>ADDIT, FEE |  | OR    | TOTAL<br>ADDIT. FEE  |                 |  |
| (Column 1) (Column 2) (Column 3) CLAMS HIGHEST  |                       |   |                     |  |       |                      |                 |  |
| O DEMAINING   | NUMB                  | ER PRESENT                              |                     | ADDI-  |       |                      | ADDI-           |  |
| AFTER AMENDMENT   | PREVIO<br>PAID F      | COIDA 1                                 | RATE                | TIONAL<br>FEE                                    |       | RATE                 | TIONAL<br>FEE   |  |
| 3   | Minus - 💍             | -                                       | X\$ 9=              | 1  | OR    | X\$18=               |                 |  |
| Independent •   | Minus ***             | = /                                     | X40=                | <del>                                     </del> | OR    | X80=                 |                 |  |
| FIRST PRESENTATION OF MU  | LTIPLE DEPENDENT      | OLAIM [                                 | 405                 |  |       |                      |                 |  |
|   |                       |   | +135=               |  | OR    | +270=                |                 |  |
| (Only 4)  |                       |   | ADDIT. FEE          |  | OR,   | TOTAL<br>LODIT. FEEL |                 |  |
| (Column 1) CLAIMS   | (Colum                |   |                     |  | _     |                      |                 |  |
| REMAINING AFTER   | NUMBI<br>PREVIOL      |   | RATE                | ADDI-<br>TIONAL                                  |       | 2275                 | ADDI-           |  |
| AMENDMENT   | PAID F                | CVIIN                                   | 100.12              | FEE  | Ĺ     | RATE                 | TIONAL<br>FEE   |  |
|   | Vinus ·-/ §           | =                                       | X\$ 9=              | / 7  | OR    | X\$18=               |                 |  |
| Independent • U   | Minus ··· (           | ] =                                     | X40=                | H  | _   F | X80=                 | <del>-/</del>   |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR X80= /  |                       |   |                     |  |       |                      |                 |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                       |   |                     |  | OR    | +270=                |                 |  |
| "If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE OR ADDIT. FEE ADDIT. FEE  |                       |   |                     |  |       |                      |                 |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest Number at the second in the second |                       |   |                     |  |       |                      |                 |  |

FORM PTO-475 (Rev. 8/00)